

INSTRUCTIONS

This Police Traffic Collision Report is designed to use computer technology to read and record your printed responses. To ensure accuracy, please follow these instructions when completing the report.

When the information requested is not available or not applicable, leave that portion of the report blank.

Print in block capital letters using a black ball-point pen with a medium tip; do not use a pencil or felt-tip pen. Please follow the examples below:

A

B

C

D

E

F

G

H

I

J

K

L

M

N

O

P

Q

R

S

T

U

V

W

X

Y

Z

I

2

3

4

5

6

7

8

9

0

Note: sevens and zeros should not be crossed

Items requiring a box to be marked should be filled in as follows:

✗

✓

✗

✗

✓

RIGHTWRONG

When the information requested is not available or not applicable, leave that portion of the form blank.
Enter the pre-printed REPORT NO. found at the top right of Part A, on all subsequent pages.
Include the REPORT NO. if you are providing exchange of information to individuals involved.

If applicable to your jurisdiction, enter the Case # on all pages.
Use the Unit #1 section of Part A to capture information on motor vehicle drivers or pedalcyclists.
Use the Unit #2 section of Part A to capture information on motor vehicle drivers, pedalcyclists, pedestrians or property owners.
Use the applicable Status codes to further describe pedestrians or pedalcyclists involved.
Use the Additional Persons Involved section of Part B to capture information on vehicle passengers or witnesses only.

Use the Supplemental Police Traffic Collision Report to capture information on additional units.

WHEN TO USE THE COMMERCIAL MOTOR CARRIER PORTION OF THE REPORT
(See Supplemental Police Traffic Collision Report).

Answers to questions below determine use.

Did this collision involve -

Yes

No

1

A truck with at least 2 axles and 6 tires?

2

A bus with seats for 16 or more people, including driver?

3

Any vehicle requiring a hazardous material placard?

STOP - If response to all above questions is “No”, do not complete the Commercial Motor Carrier portion of report.

4

A fatal injury?

5

An injured person who was transported for immediate medical attention?

6

A vehicle which was towed because of disabling damage?

7

A vehicle requiring intervening assistance before proceeding under its own power? (e.g., towed from ditch, etc.)

Note: If response to question 6 or 7 is ‘Yes’, mark the “Any Vehicle Towed?” box on the Commercial Motor Carrier portion of report.

STOP - If response to the last four items is “No”, do not complete the Commercial Motor Carrier portion of report.

USE THE FOLLOWING CODES ON THE COMMERCIAL MOTOR CARRIER PORTION OF THE REPORT.		
VEHICLE TYPE 1 Bus 2 Single-unit Truck; 2 axle, 6 tires 3 Single-unit Truck; 3 or more axles 4 Truck/Trailer 5 Truck Tractor (Bob-tail) 6 Tractor/Semi-Trailer 7 Tractor/Doubles 8 Tractor/Triples 9 Other/Cannot Classify	CARGO BODY TYPE 1 Bus 2 Van/Enclosed Box 3 Cargo Tank 4 Flatbed 5 Dump 6 Concrete Mixer 7 Auto Transporter 8 Garbage/Refuse 9 Other	NAME SOURCE (CARRIER) 1 Side of Vehicle 2 Shipping Papers 3 Driver 4 Log Book

USE THE FOLLOWING CODES FOR STATUS, SEAT POSITION, AIRBAG, RESTRAINT SYSTEMS, EJECTION, HELMET USE AND INJURY CLASS						
STATUS OF PEDESTRIAN/ PEDALCYCLIST 1 Bicyclist 2 Tricyclist 3 Person on Foot 4 Roller Skater / Skateboarder 5 Non-Motorized Wheelchair 6 Motorized Wheelchair 7 Flagger 8 Roadway Worker 9 Emergency Response Personnel 0 Other*	SEAT POSITION <div><div><div>7</div><div>4</div><div>1</div></div><div><div>8</div><div>5</div><div>2</div></div><div><div>9</div><div>6</div><div>3</div></div></div> <div>10 Other Position* 11 Position Unknown 12 Motorcycle 13 Outside of Vehicle</div>	AIRBAG 1 Not Airbag Equipped 2 Airbag Equipped -Not Activated 3 Airbag Equipped -Activated 9 Unknown	RESTRAINT SYSTEMS 1 No Restraints Used 2 Lap Belt Used 3 Shoulder Belt Used 4 Lap & Shoulder Belt Used 5 Child Infant Seat Used 6 Child Convertible Seat Used 7 Child Built-In Seat 8 Child Booster Seat Used 9 Unknown	EJECTION 1 Not Ejected 2 Totally Ejected 3 Partially Ejected 9 Unknown	HELMET USE FOR MOTORCYCLISTS, PEDALCYCLISTS, SKATERS OR SKATEBOARDERS 1 Helmet Used 2 Helmet Not Used 9 Other	INJURY CLASS 1 No Injury 2 Dead at Scene 3 Dead on Arrival 4 Died at Hospital 5 Disabling Injury 6 Non Disabling (Evident Injury) 7 Possible Injury

* DESCRIBE IN THE NARRATIVE.